Outcomes and Performance Measures Committee Meeting Minutes

Monday, July 23, 2012
Polk County River Place
2309 Euclid Ave.
Des Moines, IA 50319

Attendance:

Members present: Bob Bacon, Steve Day, Diane Diamond, Sen. Joni Ernst, Rep. Joel Fry, Becky Harker, Sen. Jack Hatch, Todd Lange, Mike Peterson, Kathy Stone, Rick Shults, Dr. Carolyn Turvey, David VanNingen, Rep. Cindy Winckler.

Facilitator: Steve Day, Technical Assistance Collaborative (standing in for Kevin Martone)

DHS Staff: Theresa Armstrong

Other Attendees:

Kris Bell	Senate Democratic Caucus
Jess Benson	Legislative Services Agency
Shannon Evers	Eyerly Ball
Patricia Freeland	IA Nurses Association
Kevin Gabbert	Iowa Department of Public Health
Linda Hinton	Iowa State Association of Counties
Sara Lupkes	Polk County
Liz O'Hara	Center for Disabilities and Development
Kelley Pennington	Magellan
Mikki Shein	Broadlawns

Welcome & Introductions: Rick Shults
Rick asked each committee member to state their interests and goals for the committee. These included:

- Easy for people to understand and easy for providers to use
- Are people happy and living the life they choose?
- How will we know the system is working?
- Satisfaction survey that can really be used by DHS
- Accountability for taxpayer money and consumers receiving what they should
- See outcomes come to fruition

Overview of Redesign:
Rick gave an overview of the Redesign process so far.

Now in early implementation phase, timelines are laid out in the legislation and mandated activities are now taking place. Workgroups last year developed recommendations, and those recommendations were used as the foundation for the Redesign bills.

Update on other groups:

- Transition Committee: Looking at implementation successes and challenges
- Data & Statistical Workgroup: Will work closely with the Outcomes Committee to determine how to effectively gather information, methodologies, technical issues
- Children's workgroup: Continuing from 2011.
- Judicial workgroup: Continuing from 20111
- Others still forming: Workforce Workgroup; Continuum of Care/Array of Services Workgroup.

Medicaid is now totally state funded as of July 1, 2012. The goal is not to have siloed systems (Medicaid/non-Medicaid). Legislature has laid out a process by which counties will access transition funding. DHS is developing rules for that, and will work in tandem with Transition Committee and the MHDS Commission. Next steps will be to clarify standards for Regions and expectations for a county that wants to be its own Region.

The Charge of this Workgroup
Rick reviewed the workgroup charge
http://www.dhs.state.ia.us/docs/OutcomesPerformanceMeasuresWorkgroupCharge-FINAL.pdf

Question: Are we supposed to focus on system performance? Or individual performance outcomes?
Response: Both. We need to define our terms.

Background Information
Rick reviewed the legislative summary document and summarized the three bills that were passed during the 2012 legislative session related to Redesign and the consolidated background materials document.
http://www.dhs.state.ia.us/docs/MHDSRedesignLegislationOverviewJuly242012_080312.pdf
http://www.dhs.state.ia.us/docs/Consolidated-Background-Information-Outcomes-Mtg1.pdf
Bob Bacon reviewed the Iowa Olmstead principles:
The Redesign process embraced a commitment to help Iowa implement Olmstead. In 2008 DHS began looking at past efforts of Iowa system improvement groups. With input from a wide range of current groups, the DHS Olmstead Plan for Mental Health and Disability Services incorporated the consensus principles driving those earlier efforts as well as the principles underlying the 1999 Olmstead Supreme Court decision.

The vision was summarized in the phrase, “A life in the community for everyone.” The principles guiding the transformation of the system were public awareness and inclusion, access to services and supports, individualized and person-centered, collaboration and partnership in building community capacity, workforce and organizational effectiveness, empowerment, active participation, accountability and results for providers, and responsibility and accountability for government. Iowa Olmstead Plan website: http://iowamhdsplan.org/

In providing technical assistance to the 2011 redesign workgroups, TAC and the Human Services Research Institute (HSRI) agreed it only made sense to build on the principles that Iowans have already affirmed. These principles form the framework for the system outcomes.

Rick reminded Committee members that the 2011 Workgroup recommendations were included in the background reading for this meeting. DHS allocated staff resources to gathering input for those recommendations, including several consumer satisfaction surveys. Individual and family voices will continue to be very important going forward. The 2011 DHS Final Report tried to bridge slight differences in the workgroup recommendations moving forward. One of the main recommendations was that data should be reported directly to DHS and then shared widely. We also need the ability to look at performance in each Region.

Review of MHDS Commission Outcome Measures:
Rick reminded the group that SF 2315 requires that we build on the previous work of the MHDS Commission. The Commission’s work began with a focus on access, employment, and housing (affordability, accessibility, etc.).

Question: What outcomes do we collect now?
Response: SAMHSA’s National Outcome Measures (NOMS). There is performance based contracting language in the bills; some outcomes we have now are gathered related to SRCs and MHIs (average length of stay [LOS], readmission rates, etc.)
Response: Iowa Administrative Code Ch. 77 also lists outcomes. HSRI and TAC cross walked these with the Home and Community Based Services(HCBS) Provider Manual, Targeted Case Management (TCM) checklist, and the Iowa Participant Experience Survey.
Response: We also have the *Iowa Plan*, some of which we do because the Centers for Medicare and Medicaid Services (CMS) says it’s important.
Response: I’m not hearing much related to ID/DD.
Response: There is a wealth of info in ISIS. We can get the data elements listed out.

Question: Do we have a current list of services provided in the Counties and where the gaps may be between what is currently provided and what core services will be required? Can we crosswalk between our expectations and the current reality?
Response: There is not a specific crosswalk. SF 2315 has domains and then has suggested services. County information is very specific so we would have to look very closely. We can do it initially at a very high level, but as we get more specific we will have to use our definitions.
Question: So counties submit data on annual basis; where does it go?

Response: MHDS

Question: What happens with it now?
Response: It's used to produce annual reports posted online. We are not always able to unduplicate the data or not always able to separate out Medicaid and non-Medicaid. Some of that is the job of the Data and Statistical Workgroup.

Question: Why are Counties not represented on this group?
Response: That could be a good discussion; surely the Director would be okay appointing some more people.

Consensus on Values (Steve Day)
What is important to measure?
There's a huge consistency among all the groups on what is important to measure: access, accountability, transparency, effectiveness, a life in the community (living working etc). This is true in any state, in any group. So why isn't anybody doing it? - Because it's really hard to measure it. Don't think you can nail down a couple indicators of performance and you're done. You could spend eons trying to figure out how to measure it all. What's hard is deciding on what's *most important* to measure and then within those, what are the elements that *can be* measured.

A lot of this group's work is to take the value framework and translate it into something that really can work for Iowa. That's what we'll be working on the next few months. Most states measure 100 things. The most valuable thing you can do is measure about 5 things. This is a huge gap. What are the CORE set of issues that are important to all of you? Measuring outcomes is also really expensive especially if you base your measures on self-report from consumers and families.

Many of our questions can be answered by the data we already collect. Think about the data we collect anyway, and translate it over to the realm of what we decide to measure. We have a unique identifier. We have a payment source. We can track encounter. This is all in MMIS (Medicaid claims data). You could identify access, penetration rates, are people accessing the services you desire them to or whether they're still accessing legacy services not yet converted to best practices. Figuring out how to take the data that's produced daily in Iowa and making it useful. This is just one example. DHS collects data at the County level that can be rolled up to the Regional level. How do you interpret the information, make it publishable in a useful way.

<u>Basic conceptual framework- Steve Day:</u>
Person centered outcomes are the foundation of performance. Most of what we do is process measures. But what's really important is: *what are the actual results for people and families?* Everything else we measure is the process of delivering and producing those outcomes. When that dollar is spent does it actually produce the outcome for the person? There are many ways to get to the same outcome. If you just measure the process you won't get to what actually happened. Do people actually derive benefit from services? Are people actually living learning and working in their community of choice?

What people WANT is not different by population group. What's different (by population group) is what people need to get there and that's a natural function of what the disability is. When you decide what's important to measure, think about it in light of ALL the different groups you'll be measuring.
Response: Knowing what we already have will help us.
Response: Be careful. Putting data in a nice display doesn't make it either correct or useful. These types of data have been reported for over 10 years (NOMS). It's just very difficult to compare it.

Question: There are a lot of uses for outcomes. Do we need to focus on one primary use & worry about others later or do they all work together?
Response: Yes; we should focus on having a positive impact on the lives of Iowans. We will use the info to share with others on how we're doing and how we can do better.
Response: We can use multiple data points to develop a cohesive system.
Response: Sharing data between systems is possible but it's also a thing we need to coordinate with the Data & Statistical group to figure out.

Question: Where do you see outcomes fighting each other? What if an outcome clashes with what people really want? For example, what if a person decides they don't want to work?
Response: There are unique individuals making their own choices within each domain. We need to be careful not to have specific measures that are value laden. For example, if a person chooses to volunteer instead of work, that decision should be respected and the individual should not be made to feel "less" for it. So you allow for volunteer activity, retirement, something that adds value to their lives and learning skills to live in the community. Having an activity that's relevant is one thing, whether that's paid employment is a different thing. While individual choice about work must be respected, the system can promote the value of work. We know that people with disabilities are excluded from the regular workforce disproportionately; that's one of the reasons for the Americans with Disabilities Act (ADA). One reason for measuring employment is to recognize that it takes extra work to find ways for people to get into the workforce. Measuring whether people get jobs if they want them is a good way to stimulate that extra effort.

Response: People are coming out of experiences with higher expectations.
Response: Two years ago there was an Iowa Department of Education study that showed overwhelmingly that parents expected their children (with disabilities) would work; the issue was in asking whether the kids had work skills and overwhelmingly they did not.
Response: There is a need to create more of an expectation that young people will have a chance for meaningful practicum experiences.
Response: And that is an example of why you can't just measure one thing. Need to measure employment, choice, satisfaction to get a sense of how the system is working.
Response: That's the issue between measuring process and outcome. One example: NOMS has a measure of "to what extent do you deliver services using evidence based practices". For example, the extent to which evidence based supported employment is provided. But you also need to measure fidelity to the practice. OR you can simply find

out, who's working, are they receiving competitive wages, is it important in their lives, etc. OR you can do a little bit of both. Different states have made different decisions.

What is important to measure? What does "important" mean? Many things are critical but not necessarily important. Who is it important for? It may be important to auditors, but does the consumer care? Somebody needs to ensure the claim meets the standards to allow the claim to be reimbursed; but that's not important to families. It's really critical that administrative things get paid attention to, but the workgroup doesn't need to spend all our time on those things.

Public Comment

Comment: The consolidated background information (p.3) talks about analyzing data across systems. We need to think broadly (i.e. not only DIA, schools, IDPH) but about housing. For example, the Olmstead Consumer Task Force has expressed concern about the proposed CMS rule defining integrated housing settings. Measuring the number of persons living in a setting could be a pretty important piece of information.

Comment: It's exciting being able to establish benchmarks and validate them across the state for statewide comparison…to be able to say with confidence that we're measuring the same things. We need to meet the person where they're at and outcomes help the person take the next step. Respect people and the choices where they are right now. Quality improvement is exciting too.

Comment: Consider having Wellmark or Magellan speak about their efforts to have performance measures.

Comment: Magellan has a giant bank of performance measures, which is gone through on a monthly basis. There are a lot of process measures and outcomes as well. We also have used the CHI and CHI-C since 2006. It has measures on Medicaid and 28,000 non-Medicaid assessments. It is not a perfect tool by any means. Always have more questions to be asked. Need to find a standardized place to measure point A to point B. They [Magellan] can certainly provide that information here.

Characteristics of Measures (Steve Day)

1. Basic principles regarding whatever domains and indicators are selected:
    - There should be a logical association between the outcomes being measured and the ultimate effectiveness and efficiency of the system – moving towards best practices and positive outcomes should reduce per-consumer utilization and costs and reduce inefficiencies in the system

- Whatever indicators are selected, steps need to be taken to make sure that the data collection and analytic methods are valid, reliable, consistent, and comparable across regions
- There must be a plan for using the data that is collected and reported for the purpose of performance/outcome assessment – the data must be summarized, analyzed, interpreted and published on a regular and timely basis. This is the only way to increase the validity and reliability of the data; the only way to assure that management and quality improvement action is taken based on the data; and the only way for consumers, families and citizens to be fully informed about the actual performance of the system.
- The performance/outcome data should be able to be used to make cross regional comparisons – regional performance should be compared to the average of all regions; and also to any state or national benchmarks or performance thresholds established by DHS.

2. There are a number of qualitative issues that are very important to outcome/performance measurement. These include:
    - Quality of life
    - Health and mental health status
    - Feelings of hope, empowerment, connectedness, community engagement
    - Choice of living situation and arrangements (meals, visitors, privacy, roommates, etc.), community/neighborhood of residence, employment or other meaningful daytime activity, friends and associates, etc.
    - Person centeredness
    - Satisfaction with services, case manager, other providers, job, housing, etc.
    - Presence/involvement of family and other informal supports
3. The best source of information on these types of qualitative indicators is direct consumers and their families. Other sources can be used, but consumers should always have an opportunity to provide direct input in a routine and reliable (and statistically valid) manner.
4. Other thoughts on outcome/performance measurement
    - Need to distinguish between what is critical and what is important: DHS/IME must measure what is critical (e.g. process and compliance measures); however, consumers and family outcomes need to be the primary focus of this Committee.
    - Measurement should not be viewed as an opportunity for punishment – rather, it is an opportunity for continuous quality improvement –regional systems and local providers need to have time to develop capacity and expand desired best practice services before they can be held accountable for outcomes

- Measurement is the beginning of the conversation, not the end of the conversation
- Good process does not necessarily equate to positive outcomes for consumers and families: good process (clinical service delivery, management, quality improvement) can result in good outcomes, and it is necessary to document process in order to establish a link between process and outcomes; however, no amount of good process is worthwhile unless positive outcomes are also achieved.

5. Conceptual model for performance/outcome measurement:

Inputs →	Throughputs →	Outputs →	Outcomes
Resources: • Money • People • Knowledge	***Process – actions taken with resources***: • Management • Clinical process • Provider network management • Quality management • Data collection and reporting	***Products delivered by the system***: • Information • Services • Care coordination • Interagency coordination	***Results for consumers and families***: • Live • Learn • Work • Recreate • In communi-ties of their choice

Examples of Current Outcome Measures (Steve & Bob)
NOMS-Steve Day
http://www.dhs.state.ia.us/docs/Iowa-URS-table-including-NOMS-2010.pdf
http://www.dhs.state.ia.us/docs/National-BH-Framework.pdf
Question: Looking at NOMS for Iowa, it may or may not be pertinent. What does this data tell us? Where are the gaps? How will you use this data? What pieces of it can we use to our benefit in the design of the upcoming system? Can we talk about that in the future?
Response: Yes, also the strengths and weaknesses. We'll do that.
Steve Day: They're pretty reflective of science and what people care about. The NOMS mixes process and outcomes.
Rick Shults: And satisfaction.

National Core Indicators (Bob Bacon):
http://www.dhs.state.ia.us/docs/National-Core-Indicators-report.pdf
These are not required but 24 states use them voluntarily. They use them for the purpose of Quality Improvement (QI). They were developed by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and HSRI and they are congruent with the draft outcome domains recommended by the 2011 workgroups.

Fifty percent of the information gathered comes from consumer survey. There are three family surveys: one for families who's loved one lives at home with them; one for those whose family member lives in a residential setting; and one for families of very young kids living at home. Also has a provider survey. They also use other national databases.

Question: Why would we not want to do NCI?
Response: The additional cost to join & administer the surveys.
Comment: Many states train people with disabilities to conduct the survey. The Administration on Intellectual and Developmental Disabilities (AIDD) is currently offering grants to states to encourage them to adopt the National Core Indicators.
Comment: Let's revisit this after we discuss what it is we want to measure.

Considerations for NCI are the cost, comparability one Region to another, and not collecting information that we do not use. It's really frustrating when somebody collects information from you and you never see it again.
Comment: You can pick out sections of NCI to do, if you want. But you can't pick and choose by question.
Comment: What are we spending now to collect data? How valuable or usable is that data? What would it cost to create something if we were doing something independently?

You don't know *how* you compare unless you have some source for making comparisons. One type of benchmark is comparisons with other states.
Comment: The only thing you'll be able to do the first 2-3 years is to get the data more and more right.
Comment: The idea that we would use data to compare Regions seems uncomfortable, not knowing what the Regions will be, and given the variance within Regions. Are we assuming if we make a Region they'll begin to flatten out to equal?
Comment: That's usually the start of the conversation.
Comment: We do need to compare Regions because the start of the discussion was that services were not equal among the Counties. It's a starting point.
Comment: The Regions scores might be used more effectively as a QI process, as they set their own Regional plan. We need to be very clear as we ask people to participate in data collection, how the data will be used. Part of the goal of Regions is to build capacity. Accountability can be an outcome of capacity building. We don't start with accountability when we know we're short on capacity.

Question: Any tips from the education field?
Comment: You have to have some buy-in that you're measuring the right things. Quality improves when you focus on the capacity not the accountability.
Comment: That's a mindset we all need to have. Whatever you measure is the beginning of the conversation. How do you challenge people to do better? Comparability of data across Regions will help each Region find the areas in which they need to improve. One of the goals of system reform is equity service delivery and access.
Comment: Accountability/stewardship is also a big part of the conversation.

Begin Identification of Domains (Steve)

Domains for Performance/Outcome Measurement that assess whether people live, work, learn and recreate in communities of their choice:

- Access:
    i. Equity across regions
    ii. Adequate/sufficient supply of core services
    iii. Timeliness (i.e. how long does it take to get services)
    iv. Accessibility – geographic; public transportation; barrier free, etc.
    v. People enter at the correct level of care – not just via crisis – emergency room, hospitalization, not forced into a higher level of services etc.
- Accountability/stewardship of public resources
    i. Efficiency
    ii. Effectiveness
    iii. Compliance
- Work/meaningful daily activity
    i. Income
    ii. Choice
    iii. Integration into regular workforce/volunteer activities

Comment: Professional development – as we roll out we need to invest in professional development, and be explicit about things such as person centeredness.

- Housing/integrated living
    i. Least restrictive environment
- Physical health/wellness- expectations regarding health, access to medicine, prevention

Comment: What can we do as a system to anticipate, to make sure people get primary care checkups that include inquiry about substance abuse, mental health, etc.? We have to be smart about how we invest.

- Person centeredness -cuts across all of these; as does choice; as does satisfaction; infuse it into everything we do/ask.
    i. Personal connection
    ii. Across all life domains
    iii. Sub-category in all other performance domains
- Quality of life
    i. Meaningful relationships
    ii. Hope, purpose, connectedness
- Family/natural supports
- A life in the community

i. Prevention
ii. Integration
iii. Anticipation/early intervention
iv. Respect
v. Community supports
vi. Information for informed decision-making
vii. Information to community about people with disabilities living in the community

- Safety

Comment from Steve Day: Think about putting in some process measures for Regions as we go along. Four or five indicators that a system is functioning as a person centered system. What are the consequences of person centeredness? What do we want to see? We want to see if people are getting better results, are they feeling better, etc.

Public Comment

Comment:	Stressed the importance of buy in. Need to have county/regional personnel on the workgroup.
Comment:	Whatever system is built always needs to be tweaked because the people we serve change. We also need to connect with judicial/hospital system and making sure we have a common language. Our domains will eventually determine our system values and vision for service delivery. Want to consider education as a key domain, people have the opportunity for continued education like we do, another area is looking at transitional activities and how we have done for preparing people for adulthood.
Comment:	Getting the impression for one survey for all people in this MHDS world. That tends to be a higher level set of values, may make it more difficult to get into the specifics. Is the idea that there will be one survey for all?
Response:	The charge is “to the extent possible” so that leaves it wide open.
Comment:	Stressed the importance of buy-in and utility. You need to make sure that people understand why it’s important, where you will find it in your billable time—big challenge to consider.

For more information:
Handouts and meeting information for each workgroup will be made available at:
http://www.dhs.state.ia.us/Partners/MHDSRedesign.html

Website information will be updated regularly and meeting agendas, minutes and handouts for the redesign workgroups will be posted there.